ALTERNATE FORMAT WORKER GUIDE

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The following process is to be used when local office staff need to submit requests to Publications to have forms which include consumer specific information for translation from English to another language and/or an alternate format.

NOTE: Regarding translation form requests - Publications will return the translated document directly to the requestor. They DO NOT mail the documents to the consumer. The requestor will be responsible for mailing the completed translated document to the consumer.

NOTE: Regarding forms converted to Braille - Publications will mail the completed document directly to the consumer.
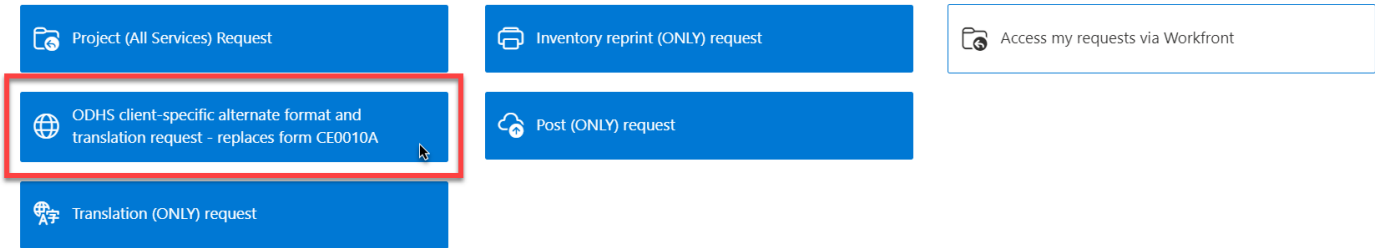
1. Setting up a Workfront Account
   a. If you work outside of ODHS or OHA, you will need to send an email requesting a Workfront account to: ocr.dhs@odhsoha.oregon.gov
2. Once you have a Workfront Account – Accessing Workfront
   a. If you work outside of ODHS or OHA, you will need to login to get to your account at https://dhsoha.my.workfront.com/login
   b. If you are part of ODHS or OHA, go to the Publications and Creative Services Project Request page on the OWL page located here: https://dhsoha.sharepoint.com/teams/Hub-ODHSOHA-PCS/SitePages/Project-Request.aspx
      i. If you're not logged in to VPN you will be directed to an account sign in page where you will need to enter your credentials.
      ii. If you are logged in to VPN, it will take you directly into the request form.

3. Once you're logged in to Workfront - How to Complete and Submit a Request to Translate a Document with Consumer Specific Information

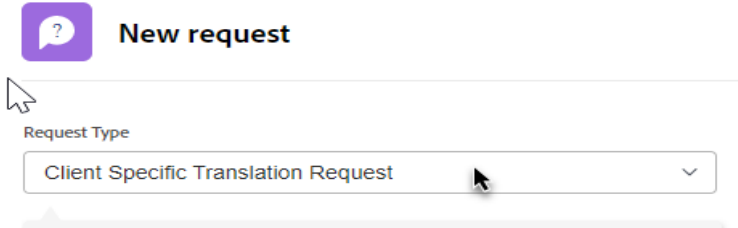   a. Select ODHS client-specific alternate format and translation request – replaces form CE0010A.

OWL   ODHS ⌄   OHA ⌄   Popular Links ⌄   Shared Services ⌄   Human Resources ⌄   Finance and Business ⌄   OIS Online Support

Publications and Creative Services   Level 2 - Limited (Groups and Sites) \ Internal Only
Home   Business cards and letterhead ⌄   Contact PCS   Logos and templates ⌄   **Project or Translation Requests** ⌄   Services   Standards Manuals

☆ Not follo

↪ Send to ⌄

Request design, publications, forms, translation, alternate formats or printing services

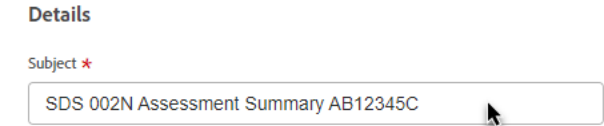|	
📁 Project (All Services) Request	🖨 Inventory reprint (ONLY) request	📁 Access my requests via Workfront
🌐 ODHS client-specific alternate format and translation request - replaces form CE0010A	☁ Post (ONLY) request	
🔤 Translation (ONLY) request		

   b. Request Type: Client Specific Translation Request

   💬 **New request**

   Request Type
   [Client Specific Translation Request   ⌄]

   c. Subject: It is recommended that you include the form number, form name, and the consumer's prime number (do not enter the consumer's name).
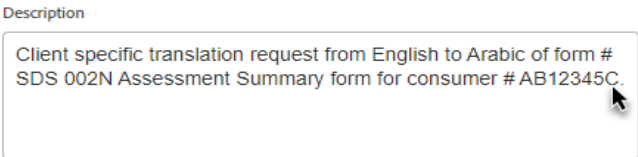
   Details

   Subject ★
   [SDS 002N Assessment Summary AB12345C]

   d. Description: It is recommended that you include anything that is relevant to the request and helps Publications.

   Description
   [Client specific translation request from English to Arabic of form # SDS 002N Assessment Summary form for consumer # AB12345C.]
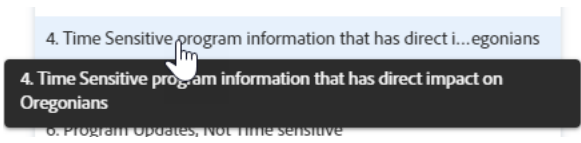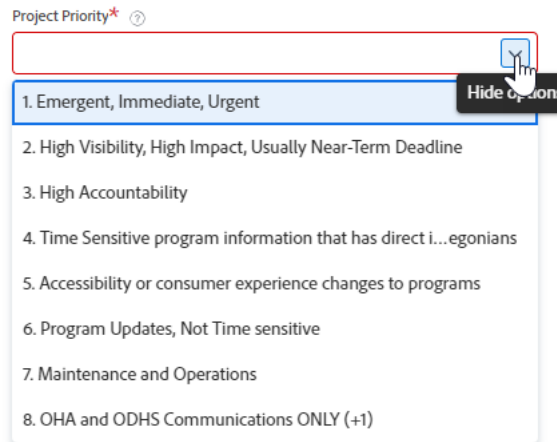
e. Priority Level: Select your project priority level 1-7 based on the following criteria

   i. Priority 1 - Emergent, Immediate, Urgent

      1. Address a critical health or life safety information or need

      2. Provide information or communication about a disaster

      3. Impact core or foundational service delivery

      4. Impact core or foundational operations

   ii. Priority 2 - High Visibility, High Impact, Usually Near-Term Deadline

      1. Requested by the Governor's Office

      2. Address an OHA/ODHS strategic agency priority

      3. Other services or products depend on this body of work

      4. Organizational commitment depends on this body of work

   iii. Priority 3 - High Accountability

      1. Legislative mandate or requirement

      2. Federal mandate

      3. State mandate

      4. Program reports are needed

   iv. Priority 4 - Time Sensitive program information that has direct impact on Oregonians

      1. Convey information about new benefits, services, and programs

      2. Convey important information about changes to existing benefits, services, and programs

      3. Request to post an OAR

      4. Request to post an ODHS/ OHA policy

   v. Priority 5 - Accessibility or consumer experience changes to programs

      1. Cultural responsivity

      2. Accessibility

      3. Consumer experience

   vi. Priority 6 - Program Updates, Not Time sensitive

      1. General program education (example: refresh a program brochure or flyer)

      2. General program awareness (example: refresh a program brochure or flyer)

      3. General program redesign (example: refresh a program brochure or flyer)

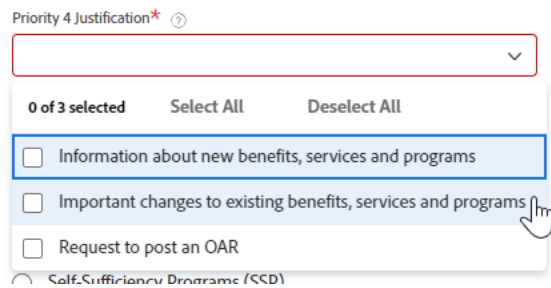   vii.   Priority 7 - Maintenance and Operations

        1. Routine updates to existing forms

        2. Routine updates to existing signage

        3. Development of new forms

        4. Development of new signage

        5. Other new design requests

   viii.   Priority 8 - OHA and ODHS Communications ONLY

   f.   Justification: Select the appropriate reason for the priority selection

   g.   Select program: Aging and People with Disabilities (APD)/AAA

h. Does the translation request include consumer person information? Select Yes since this is a consumer specific translation request

Does translation request include client personal information?* ⑦
- ● Yes
- ○ No

i. Is this request for a AAA office? Select yes if the request is for a AAA office

Is this request for a AAA office?* ⑦
- ● Yes
- ○ No

j. Select AAA location

Select AAA location* ⑦

[⌄]

ⓘ This field is required

k. Use the drop-down menu to select AAA location

| NWSDS- Northwest Senior & Disability Services |
| MCADVS- Multnomah County Aging, Disability & V... Services |
| CAT- Coumbia Action Team |
| OCWCOG- Oregon Cascades West Council of Governments |
| LCOG- Lane Council of Governments |
| DCSS- Douglas County Senior Services |
| SCBEC- South Coast Business Employment Corp. |
| RVCOG- Rogue Valley Council of Governments |
| HCSCS- Harney County Senior & Community Services Center |
| COACO- Council on Aging of Central Oregon |
| KLCCOA- Klamath & Lake Counties Council on Aging |
| CAPECO- Coummunity Action Program of East Central Oregon |

[⌄]

ⓘ This field is required

l. Date submitted: Enter the current date the request is being submitted.

Date submitted* ⑦

[May 9, 2023   ✕   🗓]

m. Date document needed: Enter the desired date of completion of the translation.

Date document needed*

May 16, 2023 11:42 AM

n. Primary contact email: Enter requestor's email address.

Primary contact email*

⚠ This field is required

o. Requestor name: Enter the requestor's name.

Requestor name

p. Requestor phone number: Enter the requestor's phone number.

Requestor phone number

q. Manager's name: Enter the requestor's manager's name.

Manager's name

r. Manager's email: Enter the requestor's manager's email address.

Manager's email

s. Additional contact 2: If there is a secondary contact for the request (such as a back-up worker if the primary contact will be out), enter the secondary contact's name.

Additional contact

t. Additional contact email: If there is a secondary contact for the request, enter the secondary contact's email address.

Additional contact email

u. Prime number: Enter the consumer's prime for the translation request.

Prime number*

v. Select program: Aging and People with Disabilities (APD)/AAA

Select program* ⑦
◉ Aging and People with Disabilities (APD)/AAA
○ Child Welfare (CW)
○ Office of Developmental Disabilities (ODDS)
○ Office of Resilence and Emergency Management (OREM)
○ Self-Sufficiency Programs (SSP)
○ Vocational Rehabilitation (VR)

w. Office location by district for ODHS: Select the district from which the request is being submitted.

Office location by district for ODHS* ⑦

⌄

⚠ This field is required

x. APD index: This will auto fill based upon the APD program selection.

APD index

33030

y. APD PCA: This will auto fill based upon the APD program selection.

APD PCA

38027

z. Document name: Enter the document name. This should be similar to the Project Request name.

Document name* ⑦

SDS 002N Assessment Summary AB12345C   ✕

aa. Number of pages: Enter the total number of pages submitted which require translation.

Number of pages*

⚠ This field is required

bb.   Document format: Select the format in which the document is being submitted in (.doc, .docx are the preferred format for translations (but not required)).

cc. Language from: Select the language the form is currently in which is being submitted for translation.

dd.　　Language to: Select the language the form needs to be translated into.

　i. Select Other if the form needs to be translated into a language not listed.

　ii. Select N/A if the form needs to be translated into an alternate format not listed (such as large print, braille, audio format, ADA/electronic, or video/closed captioning).

ee. Other language not listed: Type in the language (not listed above) which the form needs to be translated into.

ff. Alternate Formats: Select the alternate format required.

gg. Additional comments: Add any additional comments on timing or any special request information, such as additional information supporting why you selected your priority level.

Additional comments ⓘ

0/2000

hh.   Before you drag and drop your document:

    i. Word documents (.doc, .docx) are the preferred format for translations. Please always include a Word version if available. Other document types will be accepted but may increase cost and timeline.

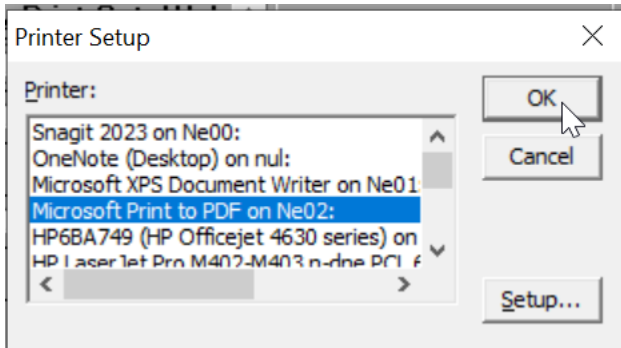4. How to Save OA Forms to a PDF Format

   a. In OA you will need to first preview the form and then you can save it as a pdf.

   b. To do that you have to select print from the OA toolbar

   c. Select Prev for the form you wish to have translated on the Print Forms screen

Form	Form number	Description	Prev	Print	Sets Web
Case	002N	CAPS 2 Assessment Summary Form	☐	☐	1
	003N	CAPS 2 Client Details Form	☐	☐	1

   d. Select Printer Setup

   e. Select "Microsoft Print to PDF...." Then select OK

Printer Setup

Printer:
- Snagit 2023 on Ne00:
- OneNote (Desktop) on nul:
- Microsoft XPS Document Writer on Ne01
- Microsoft Print to PDF on Ne02:
- HP6BA749 (HP Officejet 4630 series) on
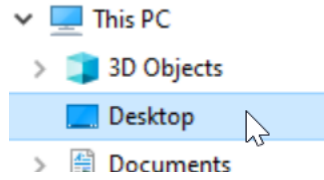- HP Laser Jet Pro M402-M403 n-dne PCL f

[OK] [Cancel] [Setup...]

   f. Select Preview on the Print Forms screen

   g. Select Print

   h. Update the File name to a name that is identifies the name of the form

File name: 002N

Save as type: PDF Document (*.pdf)

   i.   Select the place you want the file saved

       i.   It is important to remember to delete the file from your desktop after you have sumitted the request to Publications.

   j.   Select Save

   k.   Select Close to close the Print Preview screen

   l.   Select Close to close the Print Forms screen

5. Tracking Your Request

   a.   ODHS or OHA staff may go to https://dhsoha.my.workfront.com or https://dhsoha.sharepoint.com/teams/Hub-ODHSOHA-PCS/SitePages/Project-Request.aspx

   b.   If you are outside of ODHS or OHA, you will need to login to get to your account at https://dhsoha.my.workfront.com/login